

**BEST AVAILABLE COPY**

<b>CLAIMS ONLY</b>							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
<b>CLAIMS</b>											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/					51					
2	/					52					
3	/					53					
4	/					54					
5	/					55					
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38						88					
39						89					
40						90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.	4					TOTAL IND.					
TOTAL DEP.	11					TOTAL DEP.					
TOTAL CLAIMS	15					TOTAL CLAIMS					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS